

UNITED STATES INTERNATIONAL TRADE COMMISSION

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In the Matter of

Investigation No.

CERTAIN DERMATOLOGICAL TREATMENT

337-TA-1356

DEVICES AND COMPONENTS THEREOF

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OPEN SESSIONS

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Serendia, LLC
Exhibit 2125
EndyMed v. Serendia
IPR2024-00843
Ex. 2125-001

1 AFTERNOON SESSION

2 (In session at 2:00 p.m.)

3 JUDGE MCNAMARA: Thank you, everyone.

4 MR. TRZECIAK: Good afternoon, Your Honor. This
5 is Alex Trzeciak on behalf of the Respondents. I will be
6 addressing with Dr. Woloszko invalidity issues regarding the
7 Family Two patents.

8 May I proceed?

9 JUDGE MCNAMARA: Yes. Thank you.

10 CROSS-EXAMINATION

11 BY MR. TRZECIAK:

12 Q. Good afternoon, Dr. Woloszko.

13 A. Good afternoon.

14 Q. So let's transition to the Family Two patents.
15 Can we go to slide 97?

16 What was your task as it relates to the Family
17 Two patents?

18 A. It was to evaluate the '536, '774, and '812
19 patent, to evaluate whether they are invalid.

20 Q. And what were your conclusions?

21 A. That the '536 patent is invalid as anticipated
22 and obvious. The same for '774 was invalid as obvious, and
23 '812 invalid as obvious.

24 Q. Can we go to slide 98?

25 What are the earliest effective filing dates of

1 the Family Two patents?

2 A. For the three patents, the effective filing date
3 March 3, 2011.

4 Q. Earlier you testified about the qualifications of
5 the person of ordinary skill in the art.

6 Were you a POSITA as of March 3rd, 2011?

7 A. Yes, same definition, same answer.

8 Q. Can we go to slide 99?

9 What materials did you consider in forming your
10 opinions as to the Family Two patents?

11 A. I reviewed the patent. It's RX-0307 by Mehta,
12 patent '737 patent, as well as the Na PCT filing, '848,
13 which is RX-1814, the filing date of August 2008.

14 Q. And what was the filing date of the application
15 that led to the patent, the '737 patent, which we'll call
16 Mehta?

17 A. The Mehta patent was filed in April 2009.

18 Q. Are Mehta and Na '848 prior art to the Family Two
19 patents?

20 A. Yes, they are.

21 Q. Slide 100. What does this slide show?

22 A. This is the claim construction as agreed between
23 the Complainant and defendant.

24 Q. Did you apply these constructions in forming your
25 opinions?

1 A. Yes, I did.

2 Q. Slide 101. What does this slide show?

3 A. This is the claim construction as defined by the
4 Court.

5 Q. And did you apply these constructions in forming
6 your opinions?

7 A. I did as well.

8 Q. Slide 102, please.

9 Earlier you testified about some background for
10 the '836 patent. I was hoping you could provide a similar
11 background for the Family Two patents.

12 A. Yes. The microneedling technology has been
13 described a long time ago in the mid-'90s, the Orentreich
14 and associate first described using some small needles to
15 treat scars in the skin. And then Camirand and Doucet in
16 France in '97 were the first to really describe some kind of
17 a pistol to insert microneedle in the skin. It's called a
18 tattoo pistol.

19 And from there many, many devices came to market
20 and been used for various uses, including the -- improving
21 skin. And Dr. Na talked about the derma stamp, one of the
22 examples, and those is really the microneedle was thought to
23 create a small injury to the skin, it will induce the
24 formation of growth factor, and that will lead to formation
25 of new collagen and elastin as well and the dermis have a

1 healing response.

2 Again, after these -- combining this technology
3 with the microneedle gave birth to many devices, some of the
4 first ones described here is a Miratone, which is shown on
5 the right, figure A, B, C, D, INTRAcel product made by
6 Jeisys, talked about earlier today, and as well as the DeAge
7 from Dashin Enterprise. There were many more of those
8 products prior to the date of the slide RDX-10C.

9 Q. That depiction of the Miratone device, is that
10 available on Respondents' Exhibit 0277?

11 A. Yes, it is taken from that.

12 Q. And that's RX-0277. I apologize.

13 Could we go to slide 103, please.

14 One of the prior art references you mentioned a
15 moment ago was the Mehta patent.

16 Could you give us an overview of what Mehta
17 describes?

18 A. So the Mehta patent describes a system and method
19 for percutaneous energy delivery using one or several
20 probes. And using your handheld system with microneedle,
21 detachable probe cartridges, with needle modules, those are
22 driven by a motor, and the probe can be inserted at the
23 desired distance, it also mentions pulsed RF, LED on the
24 tip, and other features we will discuss.

25 Q. On the left part of this slide you've got a

1 blowup of Fig. 2D. And you have a red arrow pointing from
2 one piece to another.

3 Could you explain what that red arrow signifies?

4 A. So the device in Fig. 2D is what is called, I
5 believe, in Mehta the needle cartridge, which is a needle
6 module, that is insertable in the distal end, so proximal
7 end as Mehta defines it, to the handle 2010, and the blowup
8 on the right shows some details of this needle module, and
9 we will review them in more detail later.

10 Q. Let's go to slide 104. I'd like to get into the
11 specifics of your opinions, and we'll start with the '536
12 patent.

13 If we go to slide 105, please, what is your
14 opinion regarding asserted claims 11 and 16 of the '536
15 patent?

16 A. So it's my opinion that the claim 11 and 16 are
17 anticipated by Mehta, and that claim 11 and 16 are rendered
18 obvious by Mehta in view of the knowledge of a person of
19 skill in the art.

20 Q. Let's walk through the limitations of claim 11.

21 Could we go to slide 106?

22 What does Mehta disclose about the preamble?

23 A. The preamble is an apparatus for treating
24 dermatological tissue, which is the skin, and Mehta
25 discloses something, a similar system and a method or

1 system, to treat tissue in the human body, and later on, on
2 the same column 1, line 14 to 16, in RX-307, which is
3 Mehta's patent, he mentions affecting the skin. So a system
4 to treat the skin.

5 Q. If we go to slide 107, please.

6 What does Mehta disclose about the limitation a
7 user holdable device including a proximal end?

8 A. So I tried to use colors to make it easier to
9 look at the slides. So in blue it is the user holdable, and
10 you can see, I mention three references to that, I won't say
11 the reference because they are all the same, it is all
12 Mehta, so in column 9, line 34-39, a treatment unit, which
13 is the handle, having a handpiece or device body. Further
14 on, column 4, line 1-2, device included device body having a
15 handle portion, or even further, column 9, line 59-62, the
16 device body that has a loop or a curved grip so that -- you
17 know, which it can be grasped by the hand.

18 Q. And then on the right side of this slide you've
19 drawn a green circle over part of Fig. 2D from Mehta.

20 Why did you draw that circle?

21 A. Yeah, the proximal end is not a term used by
22 Mehta, and Mehta, like many of the persons skilled in the
23 art, will actually -- what Mehta calls distal, sorry,
24 proximal, proximal of the patient, we normally call them
25 distal, from the surgeon's point of view.

1 So if I confuse -- it should not be confused, but
2 it's been a long day, so I apologize for that. This is the
3 proximal end, and I basically highlight it in green to
4 circle that represents the equivalent proximal end of
5 Mehta's device.

6 Q. Can we go to slide 108, please.

7 What does Mehta disclose about the highlighted
8 limitation, a releasably couplable deployable needle module?

9 A. So that's a needle module that can be coupled and
10 released and can have deployable needle. So, first, the
11 middle column in blue, paragraph -- column 15, lines 40-42,
12 Mehta disclose an electrode assembly that includes a
13 coupling portion, and, furthermore, in line -- column 6,
14 line 41-42, it clearly shows that it is also couplable and
15 detachable.

16 Releasing -- so this is the middle assembly, so
17 it calls them electroassembly, which is an equivalence.

18 On the right column, it's clearly said that
19 electrode assembly includes any number of electrodes that
20 form an array that are extendable and retractable from the
21 portion 104, so from the cartridge. So they are extendable
22 and retractable.

23 Q. If they are extendable and retractable, are they
24 deployable?

25 A. And deployable, yes.

1 Q. You mentioned a few times the term electrodes.
2 Do these electrodes in Mehta have a particular
3 shape?

4 A. Yeah, they are needle and -- actually, yeah, they
5 are in the shape of a hypodermic needle. I think it's
6 mentioned somewhere. But it's also somewhere in the text
7 somewhere.

8 Q. I think maybe you mentioned this, but where is
9 the needle assembly in Mehta vis-à-vis the cartridge?

10 A. Where are they? Sorry?

11 Q. Where is the needle module vis-à-vis the
12 cartridge in Mehta?

13 A. Needle module? I couldn't hear. Within the
14 cartridge, you said? Okay. Yeah, they are inside the
15 cartridge. So inside the cartridge, and they are moved --
16 they deploy within the cartridge.

17 Q. Let's go to slide 109, please.

18 What does Mehta disclose about the highlighted
19 limitation, the deployable needle assembly mechanically
20 separatably from the proximal end and including a plurality
21 of extendable needles?

22 A. So the needle module, so what Mehta discloses is,
23 he mentioned, this is in blue, so column 15, line 31-33,
24 removable coupling of the cartridge body, the cartridge body
25 includes the needle, and I think in the claim construction

1 it clearly says that if you -- they are together. If you
2 decouple -- if one is coupled, the other one is coupled as
3 well. I forgot the exact words, but they are removable
4 together. And the same thing on paragraph 4, line 63 to 66,
5 the cartridge that are removably coupled to the device body,
6 so it is clearly shown that it's there.

7 And in green here, column 15, line 45-49,
8 electrode assembly includes any number of electrodes, a
9 plurality of electrodes, number of electrodes, that form an
10 array and are extendable and retractable, so, basically,
11 extendable needles.

12 Q. At the bottom of this slide 109 you've got,
13 again, a blowup of Fig. 2D. And you have a yellow highlight
14 box that blows up what I believe you described already is a
15 picture of the cartridge.

16 Could you explain how the cartridge in Mehta is
17 mechanically separatable from the proximal end?

18 A. So we can see on this graphic that a needle is
19 inserted inside a handle, and the tab in yellow, one of the
20 many embodiment that are allowed and taught by Mehta to do
21 the mechanical coupling of the electrode cartridge,
22 electrode assembly, within the proximal end of the handle.

23 Q. And is Mehta's disclosure limited to the tab you
24 highlighted in yellow?

25 A. No. He mentioned many structures can be deployed

1 into the device --

2 (Clarification requested by the court reporter.)

3 A. He mentions any number of structures can be
4 incorporated into the device to permit removable coupling of
5 the cartridge body.

6 Q. Go to slide --

7 A. It shows a few different embodiments, different
8 throughout the patent, but this is open-ended to many
9 permutations -- any permutations.

10 Q. Can we go to slide 110, please?

11 What does Mehta disclose about the highlighted
12 limitation that reads a plurality of the extendable needles
13 extendable from a deployable needle assembly end surface?

14 A. So this end surface, which is, you know, has been
15 defined and construed to the surface that is represented by
16 the needles in the retracted position, this is not
17 terminology used in Mehta's patent, but you can see very
18 well in Fig. 4C where the needle -- actually, we don't see
19 actually, but you can guess the needle end just behind the
20 end of this cartridge, and you can see how the needle
21 extends from this plane to the outside of the cartridge on
22 Fig. 4A, so we can see the needle deployable -- sorry --
23 extendable from the end surface.

24 Q. Slide 111, please. This is a long limitation so
25 I won't read it, but what does Mehta disclose about the

1 highlighted -- maybe we can call it the electrical contact
2 coupling limitation?

3 A. So '536 patent basically in this complex claim
4 describes two implementations of electrical coupling between
5 the handle and the cartridge. And basically one of those
6 two will have a deflectable contact where the other one has
7 the conductive parts. Mehta describes here, and I show here
8 only one of those implementations in which you can see on
9 Fig. 4A, highlighted in yellow, and also colored in yellow
10 are those deflectable contacts, so the triangular contact
11 made of string.

12 It is also described in paragraph 16, line 12-18,
13 as spring contacts or spring pins, spring pins as we, I
14 think, Mr. Crosby mentioned, can also be called pogo pins.
15 That's trade name, but it's commonly used, pogo pins. So
16 any kind of spring contact deflectable -- a spring is
17 obviously restorably --

18 I'm going fast again.

19 JUDGE MCNAMARA: So any kind of spring contact --

20 A. Restorably deflectable structure.

21 JUDGE MCNAMARA: Thank you.

22 A. Sorry. It's my fault.

23 And in the text of paragraph 15, line 55-65,
24 again, mentions in this case that the electrode assembly has
25 the connection or contact portion, this is the yellow

1 contact 116, that are basically making contact with a
2 connection board, which is an electric connection board,
3 conductive part, on the treatment unit, which is the
4 proximal part of the handle. Proximal end.

5 Q. Could we go to slide 112, please?

6 What does Mehta disclose about the highlighted
7 limitation, a motor coupled to a plurality of extendable
8 needles that causes the plurality of extendable needles to
9 extend?

10 A. So let's talk about the green portion, and you
11 see on top right Mehta discloses column 4, line 63, to
12 column 5, line 2, in some variations the cartridge and/or
13 energy delivery elements can be coupled to an actuator where
14 the movement of the actuator causes advancement or
15 retraction of the first plurality of electrodes, the
16 electrodes being the needles.

17 And then this motor, this actuator, is the
18 element 250 on Fig. 5. And you can read in column 15, line
19 58-65, again, that the actuator within the device body can
20 be coupled to an array of probes, needles, and down, the
21 actuator comprises a motor. So it describes a motor that
22 can be coupled to the needle and extend them.

23 Q. And earlier when you said column 15, did you mean
24 column 13?

25 A. Yes, I did. Thank you.

1 Q. Could we go to slide 113, please?

2 What does Mehta disclose about the needle
3 extension we just discussed being a desired distance from
4 the needle assembly end surface?

5 A. So Mehta mentions desired location, desired depth
6 many times throughout the patent. So here, show some
7 example here, in column 32, line 67, to column 33, line 3.
8 He mentions -- basically this is the graphic interface, a
9 display on the system, and said basically the display shows
10 a desired probe location, and he said the array can
11 represent a desired depth.

12 So obviously Mehta also discloses that the system
13 can have several angles, so this is -- I think 20 degree, I
14 believe, to 90 degrees, so 90 degree, the distance and the
15 depth are the same dimension. Another angle, you will see a
16 linear relationship, it's linear, so it is easy to do.

17 And then on column 33, line 21 to 34, he
18 mentioned that the system -- basically that the physician
19 would be informed that further advancement of the probes is
20 necessary, and he also -- the system also mentioned some
21 sensing system to actually detect whether you are where
22 you're supposed to be or where you want to be or not, where
23 you desire to be.

24 And, again, in the same -- in the same paragraph,
25 he says that the system can be adjusted, so there was the

1 possibility that the physician can adjust the system to
2 guide the probe within the first or third layers or a
3 different distance, different depth, through a layer of the
4 skin being the epidermis.

5 And the blue rectangle shows it's kind of a --
6 not very easy to understand the graphic, thank God,
7 engineers don't do graphic design, this is the
8 representation he has for the -- showing the depth and
9 function of the angle of the probe location.

10 Q. I have more questions about this slide, but just
11 to be clear, earlier when I asked you about the shape of the
12 electrodes, what is the shape of the probes that are
13 described in Mehta here?

14 A. These are needles, needle with a bevel shape, and
15 the bevel is on top such that the sharp edge is going to
16 easily enter the skin.

17 Q. I want to focus on the part of the language from
18 columns 33 or column 33, line 21-34, where you've
19 highlighted or underlined in red, therefore, the physician
20 would be informed that further advancement of the probes is
21 necessary to place the probes within the second layer.

22 In the context of Mehta, does advancement mean
23 the same thing as extension?

24 A. Yes, definitely, yes, the motor advances the
25 probe, and they make them extend basically from this needle

1 end surface.

2 Q. And so when the physician is informed, as it says
3 here, that further advancement -- further advancement -- of
4 the probes is necessary, where are the probes?

5 A. They are already inside -- inside the tissue, and
6 then at that time the physician is informed that he needs to
7 advance them, he needs to direct the device, the system, to
8 advance the needle further, deeper, further away from the
9 needle assembly end surface.

10 Q. And so where Mehta describes that it would inform
11 the physician that further advancement may be necessary,
12 what would the person of ordinary skill in the art
13 understand Mehta's device is capable of doing?

14 A. Mention that the device has some functionality to
15 control advancement of the needle and to have some kind of
16 interface such that the physician can indicate the system to
17 advance the needle further.

18 Q. And so would that further extension be selected
19 by the physician?

20 A. Probably, yes, that's what it means. It was
21 advancement that was necessary. Necessary means it doesn't
22 move by itself, but somebody has to give the command to
23 advance them more and basically to the user.

24 Q. And can the user of the device in Mehta select
25 the desired distance to extend the needles?

1 A. Yes, obviously the desired distance, and I think
2 Mehta discloses several ways to do that.

3 Q. All right. I'll go to slide 114, please. You
4 mentioned there are several ways Mehta describes.

5 Could you elaborate on some of those ways?

6 A. Yes. So, for instance, in column 15, line 34-42,
7 Mehta mentioned basically the type of actuator, or motor,
8 and he mentioned stepping system or a ratchet system, a
9 stepping motor. A stepping motor is a motor that's
10 controlled by very precise use -- to control very precise
11 movement, can be stepped, micro stepped, and you can control
12 them sometimes a fraction of a millimeter depending on the
13 implement. It is very, very precise with proper controller,
14 and they can be controlled by a specific stepping motor
15 controller.

16 In paragraph 16, line -- sorry, column 16, line
17 34-41, he also mentioned that the system can control
18 precisely the electrode. He says the electrodes can be
19 designed to intentionally over-insert and then retract prior
20 to initiating the treatment. The system knows where the
21 needles are, goes further, then pulls them back. So all the
22 circuitry and the feedback in the control system to do that.

23 And he explains why, later on, over-inserting the
24 partially retracting needles to compensate for the movement
25 and laxity of the skin resulting in a more reliable

1 insertion. You often do that when you puncture blood.

2 And in the last -- in the last paragraph, he also
3 mentioned another way to control the distance. He said you
4 can also have different cartridge configuration that have
5 different extensions. So basically the physician could
6 select before the therapy how deep he wants to go and would
7 use the appropriate cartridge for that.

8 Q. If we can go to slide 115, please.

9 What does Mehta disclose about the highlighted,
10 when the motor is energized with a particular signal
11 limitation?

12 A. So we can refer to column 10, line 33-39, two
13 portion of it, he said an actuator as described below for
14 driving the probe array from the cartridge into the target
15 tissue. Target tissue in this case is obviously some layer
16 of the skin.

17 And he also mentioned that the actuator, the
18 motor, is driven by the control system, or energy system,
19 the control system is a system that will generate a specific
20 signal to control the actuator, and if it is a stepping
21 motor it is a very, very specific type of micro step signal
22 used for that.

23 Q. If we go to slide 116.

24 And what does Mehta disclose about the
25 highlighted signal generator limitation?

1 A. So Mehta shows in Fig. 2A, item 90, which is the
2 supply unit, basically the radiofrequency generator, and he
3 mentioned that those electrode -- so let's stay, again, in
4 column 10, lines 53-65, the bottom right green rectangle,
5 and he said the energy 90 contains software, hardware
6 required to control energy delivery, and he describes the
7 energy delivery is radiofrequency.

8 And he mentioned that one embodiment had a cable
9 that will be affixed, connecting between the supply unit and
10 the treatment unit, and the handle. We showed before the
11 connection inside the handle to connect to the needles.

12 And he also shows in, this is the top right,
13 column 16, line 9-11, that the electrodes are energized,
14 obviously there was a connection, I think we discussed it
15 yesterday, the electrodes to send energy you need to have a
16 connection, and the electrode can be energized whether they
17 are in treatment position, which would be extended, or
18 retracted position. So basically this limitation energized
19 the plurality of needle, of extended needle.

20 Q. Could we go to slide 117, please? So now let's
21 turn to claim 16.

22 How does claim 16 relate to other claims in the
23 '536 patent?

24 A. Claim 16 is dependent on claim 11.

25 Q. What does Mehta disclose about the added

1 limitations of claim 16?

2 A. Added limitation is to have restorably
3 deflectable electrical contact that includes a depressible
4 pin. We talked about it a few minutes ago. And Mehta
5 clearly mentions on paragraph 16, line 12-18, spring pins.
6 And spring pins are the -- basically other terms for -- it's
7 basically a depressible pin. So it's obvious.

8 Q. And have you reviewed the rebuttal expert report
9 of Mr. Peter Crosby?

10 A. Yes.

11 Q. Are you aware of his opinion that Mehta does not
12 anticipate claims 11 and 16 of the '536 patent?

13 A. Yes.

14 Q. Do you agree with him?

15 A. No, I don't. We have obviously spring pins here.

16 Q. Can we go to slide 118, please?

17 Even if Mr. Crosby were correct about
18 anticipation, would the POSITA have nevertheless been
19 motivated to modify Mehta or combine elements of Mehta in
20 light of a POSITA's knowledge and arrive at the asserted
21 claims?

22 A. Absolutely.

23 Q. Why?

24 A. Sorry. You know, this -- those devices, there
25 was a high degree of similarity of Mehta to the device

1 described in the claims. Any difference between what Mehta,
2 you know, in terms of this difference of opinion would be a
3 small design implementation that wouldn't be patentable.
4 This is very relevant to the art.

5 Actually, any connector except a medical
6 connector uses some type of deflectable part to make sure
7 you have contact. So a contact has to have a connector, a
8 depressible, deflectable part of it. And a spring pin is an
9 obvious choice. And basically picking such a feature is
10 obvious. It is really routine optimization.

11 Q. And --

12 A. And success of that.

13 Q. And you mentioned specifically the spring pin in
14 that answer, but would your same opinion apply to any
15 limitation that --

16 A. Yes, all limitations are mentioned in
17 basically -- this is about claim 11, yes. I talked about
18 claim 16, but the same thing goes for claim 11, there are a
19 lot of similarities between the Mehta device described and
20 the device mentioned in claim 11.

21 Q. And would a person of ordinary skill in the art
22 have had a reasonable expectation of success in doing these
23 things?

24 A. This is basic mechanical design, yes.

25 Q. Let's turn to the '774 patent. Could we go to

1 slide 119?

2 Actually we can skip to 120.

3 What is your opinion regarding asserted claim 14
4 in the '774 patent?

5 A. It is my opinion that claim 14 of -- is rendered
6 obvious in view of Mehta and the knowledge of a person of
7 skill in the art.

8 Q. How does -- let's go to slide 121.

9 How does asserted claim 14 relate to other claims
10 of the '774 patent?

11 A. So claim 14 is dependent on claim 12. It is
12 self-dependent on claim 11, so we have to review claim 11,
13 12, and 14.

14 Q. Go to slide 122. So we're going to start with
15 claim 11. On the left part of the slide you've highlighted
16 a number of terms in claim 11. You've also highlighted a
17 number of terms in claim 11 in the '536 patent.

18 Could you explain what you're doing there?

19 A. Yeah, that's the same construction as we
20 discussed yesterday with Mr. Crosby, to simplify, to save
21 time obviously -- hopefully. So the words in the same color
22 are supposed to show a similarity between the two patents
23 and the claims. Yellow is about the apparatus for treating
24 skin. I think the language is identical. In green, about
25 the device, about a device that's described clearly, a

1 holdable device, which is device in '536, plurality of
2 needles extending or extendable a desired distance. We have
3 the same term, extendable needles, so one of them is
4 extendable, causes the plurality of extendable needles to
5 extend a desired distance. And the '774 is generally about
6 end surface. The '536 is more specific about needle
7 assembly end surface, so it's one surface.

8 And then we have a signal generator electrically
9 coupled to the plurality of extended needles, and exactly
10 the same wording in the '536, claim 11, signal generator
11 electrically coupled to the plurality of extended needles.

12 Q. Did you rely on the same opinions and evidence
13 for these limitations that you did with respect to the '536
14 patent?

15 A. That's exactly the same, the same illustrations.

16 Q. Are each of the highlighted limitations in claim
17 11 of the '774 patent disclosed in Mehta?

18 A. Yes.

19 Q. Go to slide 123, please. So let's look at the
20 remaining elements of claim 11.

21 What does Mehta disclose about the desired
22 distance selected to enable the plurality of needles to
23 penetrate dermatological tissue?

24 A. So I think we discussed extensively already the
25 desired distance, and, again, we have this in the middle

1 column in blue, in column 32, line 67, 33, line 3, desired
2 location, desired depth, it is the same that we reviewed
3 before. Column 33, line 30-34, desired target layer of
4 tissue, a system can be adjusted to guide the probe
5 placement within the first or third layer.

6 And column 15, line 34-42, talk about the
7 stepping motor, and the indicator of that on the graphic
8 user interface, GUI, and then, in green, to penetrate the
9 tissue, to penetrate the skin. This is described in column
10 13, lines 63-65 by Mehta.

11 In this variation, the actuator that includes a
12 motor, provides sufficient force, speed, or impact to the
13 probe to drive them into tissue. So tissue is here
14 described as the skin.

15 Q. Just to be clear, when we're talking about the
16 '536 patent, you had maybe two slides covering the desired
17 distance issue.

18 Does all of that evidence also apply here to
19 claim 11?

20 A. Yeah.

21 Q. Okay. Let's go to slide 124.

22 What does Mehta disclose about the highlighted
23 limitation on this slide?

24 A. So let's divide this into first he said to
25 produce pulsed radiofrequency signals. This is described in

1 Mehta, column 20, line 19-24. RF energy with a duty cycle
2 of variations of the present system can be pulsed. So he
3 mentioned pulsed. RF, that has a duty cycle. So it
4 represents that.

5 And then the second part, which is highlighted in
6 green, across a plurality of needle to affect the tissue
7 near a plurality of needles. So plurality of needle is an
8 array of needles in Mehta, column 37, line 25-34, and array
9 comprising five electrode pairs, that's obviously more than
10 one, inserted into the dermis, which is a piece of the
11 dermatological tissue, a part of the tissue, and then he
12 mentioned to create a series of discrete fractional lesions,
13 meaning discrete lesions. And this is also shown in the
14 Fig. 13A where there were discrete lesions, what we have
15 highlighted here, which is number 2, in this patent, and
16 highlighted in green to better view what those lesions are.

17 And in the same column 37, line 24-34, he says
18 this is accomplished by passing current between the adjacent
19 electrode of opposite polarity in the electrode pair. So he
20 is passing current between electrodes, part of a plurality
21 of needles is to effect the tissue and to create lesion, you
22 know, the plurality of electrode. Sorry.

23 Q. What would a person of ordinary skill in the art
24 have thought of pulsing RF energy in 2011?

25 A. Pulsing RF energy I think was described in the

1 '70s. This is part of any system that provides a
2 coagulation or hemostasis. It has been described very
3 commonly to control temperature and lesion, how much a
4 lesion grows, basically a sense of energy, and then you let
5 the energy diffuse a bit. So this is -- this is how
6 basically laser surgery works when you do coagulation. It's
7 in -- any book of coagulation talks about it.

8 Q. Let's go to slide 125 and moving on to claim 12.

9 What does Mehta disclose about the limitation of
10 claim 12 highlighted on this slide?

11 A. So the described mentions end surface, the device
12 includes an end surface configured to be placed on the skin,
13 dermatological tissue to be treated.

14 Mehta mentions in column 2, lines 63, to column
15 3, line 3, the body -- the device body, which is the device,
16 and this device included tissue engaging surface that allows
17 orientation of the device body on the surface of tissue.

18 So that's clearly the surface, which is on the
19 tissue to be treated. And this is exemplified in Fig. 2B by
20 the surface 106.

21 Q. Can we go to slide 126? And on this slide you've
22 highlighted the remaining added limitations of dependent
23 claim 12.

24 Could you explain your analysis here?

25 A. So your question was to compare -- yeah.

1 Q. Just explain what you were doing with this slide.

2 A. Yeah. So the same thing as before, we compared
3 claim 12 from '774 with claim 11 from '536, and you look at
4 the words in green, the end surface including a plurality of
5 needles, and here we have from claim 11 the plurality of
6 extendable needles extendable from a deployable needle
7 module end surface. So needles deploy from a surface.

8 And in orange, extendable desired distance from
9 the end surface, and this is the same -- basically almost
10 the same words, plurality of extendable needles that cause
11 the plurality of extendable needles to extend a desired
12 distance from the needle assembly end surface. So obviously
13 from the end surface.

14 Q. Did you rely on the same opinions and evidence
15 for these limitations that you did with respect to the '536
16 patent?

17 A. Yes, I did.

18 Q. Are each of the highlighted limitations in claim
19 11 of the '774 patent disclosed in Mehta?

20 A. Yes, they have.

21 Q. Could we go to slide 127?

22 So let's turn to asserted claim 14, and could you
23 explain your analysis with respect to this claim?

24 A. Again, same method, claim 14 of '774 with claim
25 11 of '536. A motor coupled to the plurality of extendable

1 needles that may be directed to cause the plurality of
2 extendable needles to extend a desired distance from the end
3 surface.

4 This is exactly the same wording except one being
5 Mehta, the other -- actually both -- the difference is -- in
6 '774 is to cause -- sorry -- the '774 says may be directed
7 to cause the plurality of the needles, extendable needles to
8 extend, whereas the -- actually the same wording, the '536
9 says that -- the motor that causes a plurality of extendable
10 needles to extend. So it's the same, same wording.

11 Q. And did you rely on the same opinions and
12 evidence for the added limitation of claim 14 that you did
13 with respect to the '536 patent?

14 A. Yes, I did.

15 Q. And are each of the highlighted limitations in
16 claim 14 -- are each of the limitations in claim 14
17 disclosed in Mehta?

18 A. Yes.

19 Q. Go to slide 128. Would the person of ordinary
20 skill in the art have been motivated to modify Mehta or
21 combine the elements of Mehta and arrive at claim 14?

22 A. Yes, there was -- absolutely. There was a high
23 similarity between the claims and the Mehta, devices
24 described by Mehta. The difference are just small design
25 options, probably not represent any patentable -- not have

1 any patentable significance. This is basic mechanical
2 engineering, so the relevant art is very predictable, and
3 the implementation is obvious and doesn't require much
4 experimentation, you can do some CAD drawing, and routine
5 optimization for manufacturing, production, and so on. So
6 very high level, very high gravity of success expected.

7 Q. Can we go to the '812 patent? Let's go to slide
8 129.

9 Could you tell us your opinions regarding
10 asserted claims 5, 13, and 18?

11 A. It is my opinion that claim 5, 13, and 18 are
12 obvious in view of Mehta and the knowledge of a POSITA, or
13 obvious in view of Mehta, and knowledge of a POSITA, and in
14 view of Na '848.

15 Q. Go to slide 131. Start with claim 5.

16 How does claim 5 relate to other claims in the
17 '812 patent?

18 A. Claim 5 is dependent on claims 1, 2, 3, and 4.

19 Q. Let's talk about claim 1. Can we go to slide
20 132?

21 A. Same method as before, compare the wordings, I'm
22 not going to go through all the words. They are similar
23 wording all along. I forgot if this was anything different.
24 I think they are all the same.

25 Q. So for claim 1 of the '812 patent, the terms that

1 you highlighted, did you rely on the same opinions and
2 evidence for these limitations that you did with respect to
3 highlighted limitations shown with respect to the '536
4 patent?

5 A. Yes, I did.

6 Q. And are each of the highlighted limitations in
7 claim 1 of the '812 patent disclosed in Mehta?

8 A. Yes.

9 Q. Go to slide 133. So we'll look at the remaining
10 elements of claim 11, and we'll start with the preamble.

11 What does Mehta disclose about a method for
12 treating dermatological tissue?

13 A. '812 is a method patent, and in column 1, Mehta
14 discloses a system and a method.

15 Q. Go to slide 134.

16 What does Mehta disclose about the highlighted
17 limitation, placing a user holdable device releasably
18 couplable deployable needle module end surface on or near
19 dermatological tissue to be treated?

20 A. So let me make sure. So Mehta mentions, as we
21 discussed previously, the tissue engaging surface 106, which
22 is the surface near the tissue, and so this was in column
23 10, line 43. And in column 4, line 63-66, it discloses that
24 the cartridges are removably coupled to the device body, and
25 the plurality of electrodes and the tissue engaging surface

1 are located on or in the cartridge body.

2 Q. And are the needles in Mehta's needle module
3 deployable?

4 A. Yes. Yes, it's -- where is it here -- yes, they
5 are deployable. We discussed this several times before. We
6 have this in this text.

7 Q. And what does Fig. 2B show as you've got on this
8 slide?

9 A. Fig. 2B? 2B you said?

10 Q. Yes, B as in boy.

11 A. The surface 106 in which the needles are deployed
12 inside the skin.

13 Q. And is the surface 106 part of the device body or
14 is it part of the cartridge in Mehta?

15 A. Actually it's both here. As you can see that --
16 the way the cartridge aligned with the device body, so on
17 Fig. 2D you see surface 106, which exactly aligns with the
18 surface basically and aligned with the part 216, which is a
19 part of the handle. So -- and you have an edge that
20 continues. So the surface is part of both.

21 Q. As shown in Fig. 2D, is 106 part of the
22 cartridge?

23 A. Yes.

24 Q. Let's go -- one moment. Just to be clear, for
25 purposes of your analysis of Mehta, how does your analysis

1 of the needle module end surface compare to your analysis of
2 the needle assembly end surface we talked about before?

3 A. So we show before where how they are located, and
4 the needle module is sliding within the needle module, and
5 the end surface is really very close to the end surface 106
6 and they are basically mechanically linked, they are
7 dependent from each other, so if you relate to one, you
8 relate to the other.

9 Q. Let's go to slide 135.

10 What does Mehta disclose about the highlighted
11 releasably couplable deployable needle module mechanically
12 separatably from the user holdable device proximal end
13 limitation?

14 A. So this is very similar to what we reviewed
15 before. We can see on the Fig. 2D the needle module that is
16 separated from the handle, and he mentions in column 15,
17 line 31-33, any number of structures can be incorporated
18 into the device to permit removable coupling of the
19 cartridge body.

20 And as we discussed, the needle module being part
21 of the cartridge body, if you decouple the cartridge -- the
22 needle module, you will decouple or couple the needle
23 assembly.

24 Q. Slide 136.

25 A. This is -- yeah, okay.

1 Q. What does Mehta disclose about the limitation the
2 needle assembly movable within the releasably couplable
3 deployable needle module limitation?

4 A. So I took the liberty to make some kind of
5 animation on Fig. 4A. Fig. 4A is normally when the needles
6 are extended, you can see readily extended, and make the
7 same picture when taken from another figure how the movement
8 happens. It makes it clear, and you can see that the whole
9 needle assembly is sliding on some kind of a tracks within
10 the needle module, and this is explained on paragraph --
11 sorry -- column 14, line 15-19. The probe assembly, needle
12 assembly, that is slidable relative to the cartridge body.

13 Q. Go to slide 137.

14 And what does Mehta disclose about the
15 highlighted limitation, which includes the needle assembly
16 remains electrically coupled limitation?

17 A. So Mehta discloses an ingenious way to make this
18 contact. It took me sometime to understand, and really it
19 took me a long time to understand what he was doing. So he
20 shows those contacts 116 that spring out of this 118, which
21 is a needle assembly, and basically those are sliding on the
22 track, on the board, and they are maintaining contact
23 because the elastic, actually all the contacts, were sliding
24 on this track, on this connection board, which is a trace,
25 and the contact is sliding along it, so they maintain

1 contact during the movement of the electrodes.

2 So here he has about 16 times -- 32 contacts, so
3 it's many contacts, each of them has a deflectable pin to
4 maintain contact, maintain pressure on the contact, and he
5 is sliding over probably gold plating trace on the PCBA to
6 maintain contacts between electrodes. And this is explained
7 as well in column 16, line 13-18, the connection portion can
8 maintain contact with a corresponding contact point, trace,
9 this trace we talked about, on a connection board during
10 movement of the electrode assembly.

11 Q. Let's move on to claim 2. Now you've
12 highlighted -- I'm sorry. Let's go to slide 138.

13 You've highlighted the added limitations of claim
14 2 and also some language from claim 1 of the '812 patent and
15 also from the '536 patent.

16 Could you explain what you're doing on this
17 slide?

18 A. So same things as before, we looked at '812 and
19 '536 to compare the language, the module end surface, this
20 is taken from claim 1 of '812, needle module end surface
21 that we discussed previously, so they are identical
22 language. And the motor -- the energizing a motor coupled
23 to the needle assembly to cause the plurality of the needles
24 to extend a desired distance from the couplable deployable
25 needle.

1 So this is, I think, similar language in claim 11
2 of the '536. Motor coupled to -- motor coupled to the
3 plurality of extendable needles that causes the plurality of
4 extendable needles to extend a desired distance from the
5 needle assembly end surface when the motor is energized with
6 a particular signal.

7 Q. And is the -- in addition to what we've already
8 discussed with this claim, did you rely on the same opinions
9 and evidence for these limitations that you did with respect
10 to the '536 patent?

11 A. Absolutely.

12 Q. And in the case of Mehta, if the motor is
13 extending the needles a desired distance from the needle
14 assembly end surface, is it obvious also to have the needles
15 extendable a desired distance from the needle module end
16 surface?

17 A. Yeah, we just discussed, I think in the previous
18 claim, that the needle assembly end surface and the module
19 end surface are mechanically rigidly linked, so if you move
20 from one you move from the other.

21 Q. And is it your opinion that the added limitation
22 of claim 2 as a whole is disclosed in Mehta?

23 A. Yes.

24 Q. Moving on to claim 3, slide 139, what does Mehta
25 disclose about claim 3?

1 A. So this is the claim 2 energizing the plurality
2 of needles via a signal generator and electrically coupled
3 to the user holdable device proximal end, the generator.

4 So I think we kind of talked about this. So '536
5 mentions a single generator electrically coupled to the
6 plurality of needles to energize the plurality of extended
7 needles. So we'll extend the plurality of needles. We
8 don't only talk about extended needles, generator coupled to
9 the needles. And we can see in Fig. 2A the generator and
10 cables 96 that couples the generator to the needles by the
11 sliding connector.

12 And then so this is also in green, a device,
13 holdable device, including a proximal end. This is -- so
14 the '536. And as discussed already before, in column 10,
15 line 57-65, mentioned a cable -- noting there's a cable 96
16 may be permanently affixed to the supply unit and the
17 treatment unit. So coupled to the generator.

18 Q. And does the energy from the signal generator to
19 the needles in Mehta pass through the proximal end?

20 A. Yes. Via the connector we described -- -- via
21 the sliding connector.

22 Q. In addition to what we've already discussed about
23 this claim 3, did you rely on the same opinions and evidence
24 for these limitations you did with respect to the '536
25 patent?

1 A. Yes, I did.

2 Q. And is it your opinion that the added limitation
3 of claim 3 is disclosed in Mehta?

4 A. Yes.

5 Q. Let's talk about claim 4. Slide 140, please.

6 What does Mehta disclose about the highlighted
7 limitations on slide 140?

8 A. So Mehta disclosed that on the device body there
9 would be transfer element, comprised sources of light at the
10 distal end, so distal for Mehta is proximal for Na, the
11 distal end, the proximal end following Dr. Na's
12 nomenclature, there is this light, sources of light, and
13 this is in column 11, line 36-39. And in column 11, line
14 24-30, this is Mehta, RX-0307, he mentions that the radiant
15 energy may be supplied by the energy source or supply that
16 is coupled to a diode. A diode is basically light-emitting
17 diodes, diode is a light emitting diode, and called a LED.

18 Q. Could we go to slide 141?

19 What does Mehta disclose about the remaining
20 limitation, which is highlighted on slide 141?

21 A. So this is claim 4 where the LEDs, when they are
22 energized, will -- the embedded LED will illuminate the
23 releasably couplable deployable needle module.

24 So Mehta discloses in column 11, line 36-39, that
25 a transfer element may comprise sources of light at the

1 distal end of the treatment unit. Treatment unit is the
2 handle, so it is basically the proximal -- proximal end.

3 He also mentions that the -- this is in column
4 11, line 24-30, that the energy source can be variable to
5 transfer element -- transfer elements are within the
6 energy -- within the so-called needle module, so the unit is
7 transferred to this transfer module, so transfer light, you
8 would illuminate transfer module by the energy source.

9 And furthermore he also mentions a window to
10 permit direct visualization of the advancement of the energy
11 transfer elements. So he mentions the need to view the
12 needle advancing, forces of light, illuminate through the
13 needle module, so it is obvious, you have light to view
14 something, and you have -- the light goes through something
15 that it will illuminate something here, the needle module,
16 the needle assembly.

17 Q. Can we go to slide 142?

18 Earlier you testified that you also considered
19 the Na '848 prior art.

20 Could you tell us, what is the field of
21 technology in Na '848?

22 A. So '848 is a PCT application from Dr. Na filed on
23 August 2008, which describes microneedle system that is
24 energized, one is vibration energy on the needles, and
25 another embodiment is to use RF energy on the needles to

1 treat the skin.

2 Q. Can we go to slide 143?

3 What does Na '848 disclose about LEDs?

4 A. So in paragraph 34, in an embodiment, the LEDs,
5 light-emitting diode 32A may be configured to emit energy of
6 a first particular frequency range and the second to -- one
7 color and another frequency another color, so two different
8 colors.

9 And then he mentioned in paragraph 38 that the
10 LED can be coupled to lens via fiber-optic pathways, and
11 that it is transmitted to the skin via the lenses and
12 fiber-optic. And, again, so basically we have those LEDs
13 that are directed to the skin, light of various colors.

14 And look at Mehta, again, mentioned direct
15 visualization of advancement of the energy transfer element,
16 electrodes, into the entry point, so the transfer into the
17 skin. Obviously you don't see through the skin.

18 Q. All right. So would claim 4 also have been
19 obvious in view of Mehta knowledge and Na '848?

20 A. Yes.

21 Q. Let's move on to asserted claim 5. Can we go to
22 slide 144?

23 What does Mehta disclose about claim 5?

24 A. So claim 5 is the same basically LED to -- LED
25 that illuminates the plurality of needle, the limitation

1 here to use a needle assembly translucent section.

2 So number one, translucent is an interesting word
3 because a transparent material like Plexiglass, if you look
4 through it, but if you look through the cross-section it
5 becomes translucent. This is used all the time. This is
6 what is called light pipes. It is used in many, many
7 systems, like this microphone, the green stuff is a light
8 pipe. Clear plexiglas, because the thickness is enough, it
9 becomes -- we don't see through it because it doesn't have a
10 perfect transparency. So there is a really gray area
11 between transfer and translucent depending on how you look
12 at the material.

13 However, Mehta mentioned, again, direct
14 visualization of the -- sorry -- direct visualization of the
15 advancement of the energy transfer elements. He mentioned
16 the window with transparent material, having an outline, so
17 the outline is actually -- yeah, it's a line, so, again, the
18 transfer material, if you have the line going, not through
19 the thinner surface but oblique, suddenly the transfer
20 material becomes translucent by definition until we find a
21 fully transparent material. Doesn't exist yet.

22 So this is how Mehta basically makes obvious the
23 art to use the transfer material to translucent material
24 light path, direct the light where you want it.

25 Q. Is the transparent window of Mehta on the needle

1 assembly or is it somewhere else?

2 A. So that's interesting. Mehta put the window on
3 the -- on the handle. And that's a big mistake, because
4 this is patient contact material. Somebody who is used to
5 make any disposable device with a reusable part, you would
6 never -- if you had the potential to put all the patient
7 contact on the disposable part, you don't have to sterilize
8 or clean the rest. So it is totally obvious to move that.
9 I saw that and I said this is -- I would have done this
10 right away.

11 Q. And so if you have an LED embedded in the
12 proximal end, as we talked about with claim 4, why would the
13 POSA make the needle assembly translucent as required by
14 claim 5?

15 A. We talked about the window with the Plexiglass,
16 with a thing you want to -- the light to go from the LED to
17 the needle, this was discussed, this is to illuminate the
18 needles. We talked about the transparent window. We talked
19 about this window being on the wrong part of the device.
20 You move it to the disposable part. And the light to
21 illuminate the needles have to go through a needle assembly,
22 so the window would be -- part of it would be on the window
23 assembly as well.

24 Q. If you have an LED on one side of a translucent
25 material, does some light pass to the other side via the

1 translucent material?

2 A. Absolutely. This is the concept of light pipe.

3 Q. Would claim 5 have been obvious based on Mehta
4 and the knowledge of a POSA?

5 A. For me it is absolutely obvious, so I believe it
6 would be obvious for any person skilled in the art.

7 Q. Can we go to slide 145?

8 What does Na '848 disclose about claim 5?

9 A. Na discloses in paragraph 35 the pin section,
10 which is the pin section where the pins, the electrodes, are
11 basically the needle assembly, comprised of polyurethane,
12 medical silicon, or other pliable translucent material. So
13 he discloses this translucent material already. So you look
14 at -- you look at the prior art and the translucence, which
15 is already obvious, is even more obvious for a device for
16 the same indication, same type of use using transition part,
17 which transmits the light to the needles and needle module.

18 Q. Would claim 5 also have been obvious based on
19 Mehta, knowledge of a POSITA and Na '848?

20 A. Definitely.

21 Q. Slide 146, and let's talk about claim 13.

22 What's the relationship between claim 13 and
23 other claims of the '812 patent?

24 A. Claim 13 is dependent on claim 12.

25 Q. Go to slide 147. So we'll start with claim 12.

1 Could you explain your analysis here?

2 A. Same construction. We compare '812 claim 12 to
3 claim 1. They are equivalent claim. One is -- 12 being the
4 apparatus. One is the method. So except the apparatus and
5 method, we highlighted all the language in claim 12 and
6 highlighted the equivalent language in claim 1. I don't
7 think we need to go through all of them, but you can see the
8 wording are identical.

9 Q. All right. So are each of the highlighting
10 limitations in claim 12 disclosed in Mehta?

11 A. Yes.

12 Q. Would you rely on the same opinions and evidence
13 for these limitations as we covered earlier?

14 A. Yes.

15 Q. And what does Mehta disclose about an apparatus?

16 A. Mehta discloses -- do we have a slide for that?
17 He mentions that he discloses a method apparatus or -- a
18 system or method.

19 Q. Can we go to slide 148? And we'll go to claim 13
20 now.

21 I'll let you explain your analysis for claim 13.

22 A. So claim 13 describes something we have already
23 discussed, a motor coupled to the needle assembly to extend
24 the plurality of needles a desired distance from the
25 releasably couplable deployable needle assembly end surface

1 when the motor is energized with a particular signal.

2 This is similar language that is in '536, claim
3 11, a motor coupled to a plurality of extendable needles
4 that causes the plurality of extendable needles to extend a
5 desired distance from the needle assembly end surface when
6 the motor is energized with a particular signal.

7 Q. All right. Is it your opinion that each of the
8 highlighted limitations in claim 13 of the '812 patent is
9 disclosed in Mehta?

10 A. Yes.

11 Q. Did you rely on the same opinions and evidence
12 for claim 13 as we covered with claim 11 in the '536 patent?

13 A. Yes, I did.

14 Q. Is there any difference between coupling to the
15 plurality of extendable needles versus coupled to the needle
16 assembly for purposes of analyzing Mehta?

17 A. By their claim construction, when you couple to
18 one you couple to the other. We're not going to go into
19 details.

20 Q. So let's go --

21 A. It is equivalent for this purpose.

22 Q. Can we go to slide 149. Let's finally talk about
23 asserted claim 18.

24 What's the relationship between claim 18 and
25 other claims?

1 A. Claim 18 is dependent on claim 12.

2 Q. And did we already cover claim 12?

3 A. We covered claim 12.

4 Q. Let's go to slide 150.

5 What does Mehta disclose about the apparatus of
6 claim 12 wherein one of the -- at least one electrical
7 contacts includes a pin that is extendable in the same
8 direction as the plurality of needles?

9 A. Yes. So the pins are those element 116 in yellow
10 on the needle assembly, and this is basically moving
11 together with the needle. So when the needle extend from
12 the needle end surface, those elements extend towards the
13 end surface, same movement, same direction, because they are
14 on the same assembly.

15 Q. And did you create an animation showing movement
16 of the needles and the electrical contact?

17 A. Yeah, I think I did, yes.

18 Q. Can we show that?

19 A. Yeah, you can see they are moving together, same
20 direction.

21 Q. Can we go to slide 151?

22 Would the POSITA have been motivated to modify
23 Mehta or combine elements of Mehta in light of a POSITA's
24 knowledge and arrive at the claims?

25 A. Yes.

1 Q. And why is that?

2 A. Basically, again, the device described in Mehta
3 has a high degree of similarity with the device described by
4 the patent '812. The differences are minor and probably not
5 subjectable to a patent. I'm not a patent lawyer. The art
6 is, again, basic mechanical design, highly predictable.
7 There was nothing complicated about it. And this is just
8 basic implementation, obvious, easy to optimize, can be done
9 on a CAD model, and with a pretty high -- very reasonable
10 expectation of success.

11 Q. And let's go to slide 152. In addition to what
12 we talked about before, and with respect to claim 5, why
13 would the POSITA have been motivated to combine Mehta with
14 Na '848?

15 A. Again, this is the same field of the --
16 This is the same field of dermatological
17 treatment, basically of microneedles used to treat the skin,
18 combination would be done with known methods, disclosed this
19 translucent material. It's a simple LED, very simple
20 substitution of known equivalent, one element for another.
21 Follow the market force in the industry, and --

22 Q. Would a person of ordinary skill in the art had a
23 reasonable expectation of success in combining these
24 references?

25 A. Again, these are basic -- basic limitation that

1 may require one or two experimentation, but you don't expect
2 any big surprises.

3 Q. Thank you, Dr. Woloszko.

4 I don't have any questions on these topics.

5 A. Thank you.

6 MR. SHARMA: Good afternoon, Your Honor.

7 JUDGE MCNAMARA: Good afternoon. Anupam Sharma
8 on behalf of Ilooda and Cutera.

9 I have a few questions on inventorship on behalf
10 of the Respondents.

11 DIRECT EXAMINATION (continued)

12 BY MR. SHARMA:

13 Q. Dr. Woloszko, were you in the court when Mr. Kim
14 testified?

15 MR. SANDERS: Your Honor, we have an objection to
16 this line of inquiry, inventorship.

17 JUDGE MCNAMARA: And what's the basis,
18 Mr. Sanders?

19 MR. SANDERS: Charles Sanders. This witness is
20 not qualified to give an opinion as to inventorship. Has
21 not done so. And we respectfully submit this is the
22 province of Your Honor to weigh the testimony, and that,
23 from what I can see from the slide presentation, it's simply
24 presenting across eight slides the fact that there are a
25 number of claim elements, and that Mr. Kim claims to have

1 invented them, which is the subject of fact testimony, not
2 expert testimony, Your Honor.

3 JUDGE MCNAMARA: Mr. Sharma, do you have a
4 response to Mr. Sanders?

5 MR. SHARMA: Yes, Your Honor. Serendia had filed
6 a MIL on it and withdrew. The second part was trying to
7 prevent Dr. Woloszko's testimony on this issue. The MIL was
8 withdrawn.

9 (Clarification requested by the court reporter.)

10 JUDGE MCNAMARA: Start again.

11 MR. SHARMA: And the opposition to the MIL,
12 Serendia withdrew. We mentioned that Dr. Woloszko would not
13 testify on the issue of inventorship. He would not testify
14 whether Dr. Na or Mr. Kim is credible or not. He will
15 simply say if Mr. Kim's testimony is to be true, which
16 claims of asserted patent would be impacted. So he would
17 simply be connecting the dots between what Mr. Kim said and
18 what the claims impacted based on Mr. Kim's statement. He
19 will not say whether Mr. Kim is right or Mr. Kim is wrong or
20 whether Mr. Kim is the inventor.

21 JUDGE MCNAMARA: Mr. Rauh?

22 MR. RAUH: Aaron Rauh for the Staff, Your Honor.

23 I'd like to see where the Q&A goes. I think this
24 might be venturing into a weight rather than admissibility
25 issue, but, again, without hearing where this is going, it's

1 hard for me to say what is right or what is wrong.

2 MR. SHARMA: May I add something?

3 JUDGE MCNAMARA: Yes of course.

4 MR. SHARMA: These slides were disclosed to
5 opposing counsel a few days ago.

6 JUDGE MCNAMARA: I'm sorry. You disclosed these
7 slides to counsel?

8 MR. SHARMA: Yes, Your Honor.

9 JUDGE MCNAMARA: Was there an objection?

10 MR. SHARMA: No, Your Honor.

11 JUDGE MCNAMARA: Mr. Sanders?

12 MR. SANDERS: We're objecting to the subject
13 matter of the testimony, not the particular slides. We're
14 objecting to his testimony about inventorship. We did
15 withdraw the MIL, but we did not waive our objection. We're
16 asserting our objection here to his testimony about
17 inventorship.

18 JUDGE MCNAMARA: Did you tell Mr. Sharma and his
19 team that you were still objecting to the content of
20 inventorship? I had some issues with this, but did you tell
21 the other side that you were still objecting to the content?
22 Was that transmitted either in writing or orally?

23 MR. SANDERS: Your Honor, we never withdrew the
24 objection. We did not voice the objection again in the meet
25 and confer.

1 JUDGE MCNAMARA: Mr. Nester?

2 MR. NESTER: My understanding, Your Honor, is
3 they didn't raise it.

4 MR. SHARMA: Yeah.

5 JUDGE MCNAMARA: Okay. Here's the problem I'm
6 having. I don't think you can comment on someone else's
7 testimony, Dr. Woloszko. If you have facts that help
8 support the Respondents' problem with inventorship, that's
9 one thing. But the problem that I have is that you were not
10 a contemporary of Dr. Na or Mr. Kim. They have provided
11 facts, and I don't think it's within your expertise, as
12 great as your expertise is, to comment on either what
13 Mr. Kim or what Dr. Na said with respect to inventorship.
14 The facts are the facts. So your ability to comment on what
15 they say is not possible.

16 THE WITNESS: And I don't intend to make any such
17 comments.

18 JUDGE MCNAMARA: Okay. Mr. Sharma, let's start
19 there.

20 Mr. Sanders, if it's going into a territory where
21 it goes beyond simple facts that explain why or why not
22 something contributed to inventorship, then you're free to
23 stand up and object, and I'll consider that. I did have
24 problems when I saw the MILs with Dr. Woloszko testifying
25 about inventorship based on what I saw then. So that still

1 remains. He can't testify about the application of law to
2 fact. He can't give an ultimate conclusion of law.

3 Same thing was true, again, with another witness
4 who was withdrawn who was going to testify on inequitable
5 conduct. You can't testify on the elements to which -- when
6 you don't have that expertise. So let's see where this
7 goes. Let me keep this short. Let's see where this goes.

8 But if -- Mr. Sharma, can you get around, since
9 they had objections to all of, as I understand, all of the
10 slides on inventorship -- Mr. Sanders?

11 MR. SANDERS: Yes, Your Honor. In particular, I
12 mean, it starts on the first one stating that Mr. Kim
13 created a presentation... this is disputed territory about
14 whose drawings are in the presentation.

15 JUDGE MCNAMARA: Absolutely. Absolutely. He
16 cannot comment on what Mr. Kim said or did not say or the
17 timing of it. The timing is -- we know what the time frame
18 is. We know what the contemporaneous meetings were, so he
19 cannot comment on that.

20 So the slides you object to are 157 through what,
21 Mr. Sanders?

22 MR. SANDERS: It is through 161, Your Honor.

23 JUDGE MCNAMARA: Okay. I'm going to take a quick
24 look.

25 MR. SANDERS: It starts at 155 actually,

1 Your Honor.

2 JUDGE MCNAMARA: I'm not going to take too long
3 with this. I can go through quickly.

4 There's no problem with the first -- with 155.
5 It's merely a statement of fact.

6 MR. SHARMA: Yes, Your Honor.

7 JUDGE MCNAMARA: Hold on. It's not necessarily.
8 There are disputes about some of the presentation elements.

9 So I think if you reword that, Mr. Sharma, but
10 this slide would be out as is. And I'm referencing 155,
11 that's out.

12 MR. SHARMA: Your Honor, may I seek a
13 clarification?

14 JUDGE MCNAMARA: I'm sorry?

15 MR. SHARMA: On slide --

16 JUDGE MCNAMARA: 55 is out as it is. That slide
17 is out because there is a comment here on an ultimate --
18 there is more to it than just Mr. Kim's presentation. It
19 was a combined presentation based on the facts, or there
20 was -- there were two people involved here. That's out, as
21 it is. As it stands. I'm not necessarily saying the
22 evidence is all out. This slide is out. Okay?

23 I'm looking at slide 161. He cannot comment,
24 161. The first point of 161 is out. He cannot comment on
25 the numbers of claims that are identified as significant or

1 not significant.

2 He can't comment on what is considered -- we know
3 what the elements of the claims are. I'm going to have to
4 match those. We're going to have to sit down. He is not --
5 he cannot comment on the parts that are or aren't central
6 because of the kind of analysis that we have to do. We have
7 to go claim by claim, compare side by side, so that's out.

8 MR. SHARMA: Okay. Sure, Your Honor.

9 JUDGE MCNAMARA: At least that slide is out. If
10 there's a different way that you can present it, that's
11 fine. Let's see where you go with starting at slide 157.

12 MR. SHARMA: Your Honor, slide 156 is simply
13 facts that were recited when -- Dr. Woloszko was present in
14 the room and Mr. Kim was testifying.

15 JUDGE MCNAMARA: I'm sorry. You're going fast
16 again.

17 I know what facts were presented. I do not --
18 Dr. Woloszko is not in a position to basically comment on
19 what was described or not described. There are still some
20 issues about that.

21 MR. SHARMA: I can go straight to slide 157,
22 Your Honor.

23 JUDGE MCNAMARA: Great. Let's see where it goes.
24 I'm not saying that the facts necessarily are out. I'm just
25 saying his comment, any comments on the facts or what they

1 did or didn't say to one another, given that he wasn't there
2 contemporaneously.

3 MR. SHARMA: Okay, Your Honor. I'm going to
4 simply ask him what did he and Mr. Kim testify, but if you
5 don't want me to go there, I won't ask him. I'm not going
6 to ask him whether good or bad, simply what did he hear
7 Mr. Kim testify. That's on slide 156.

8 JUDGE MCNAMARA: There is a problem with that. I
9 heard Mr. Kim's testimony.

10 MR. SHARMA: Then we don't need to have Dr.
11 Woloszko repeat it.

12 JUDGE MCNAMARA: He does not need to repeat
13 facts. They are already in evidence. And the problem is
14 there is still, Mr. Sharma, there's still a dispute about
15 who presented what in that series of meetings. So this is
16 just not territory for --

17 MR. SHARMA: Yes. Dr. Woloszko is not going to
18 testify whether he was right or wrong.

19 JUDGE MCNAMARA: I don't need to rehear the
20 facts. They are in evidence.

21 MR. SHARMA: Okay. Your Honor, then slide 157,
22 158, 159, and 160, I'll just deal with those, and on
23 those --

24 JUDGE MCNAMARA: Let's see where they go.

25 MR. SHARMA: Thank you, Your Honor.

1 JUDGE MCNAMARA: Mr. Sanders?

2 MR. SANDERS: Your Honor, the content of the
3 slide is quite separate, I think, here from the titles. The
4 titles are regurgitating the facts.

5 JUDGE MCNAMARA: I agree, but the problem is that
6 the way some of this is worded is a problem. Like Mr. Kim's
7 presentation, we don't know to state the obvious, we don't
8 know entirely what was part of a written presentation, an
9 oral presentation, some of this language is too broad and
10 may not apply. There are disputes.

11 So go ahead. Let me see where you're going,
12 Mr. Sharma.

13 MR. SHARMA: Let's go to slide 157.

14 JUDGE MCNAMARA: Let's start there.

15 Q. Dr. Woloszko, do you see on slide 157 on the top
16 is claims from the '836 patent?

17 A. Yes.

18 Q. And we have certain claims -- 1, 7, 8, 19, and 22
19 highlighted?

20 A. Yes.

21 Q. What's unique about those claims?

22 A. All those claims are mentioning either
23 radiofrequency or a specific frequency of 2 MHz or a range
24 including 2 MHz of --

25 (Clarification requested by the court reporter.)

1 -- all those claims mention either alternating
2 radiofrequency or gave a limitation in the frequency at
3 either 2 MHz or a range of 05 to 10 MHz.

4 Q. On slide 157, on the bottom, do you see claims
5 from the '379 patent?

6 A. Yes.

7 Q. And do you see the claims 1, 6, and 15 of the
8 '379 patent contain?

9 A. Yes. These are the claims --

10 MR. SANDERS: Your Honor, we object. The '379
11 patent has been terminated from this investigation.

12 JUDGE MCNAMARA: Mr. Sharma?

13 MR. SHARMA: I withdraw the question, Your Honor.

14 JUDGE MCNAMARA: Thank you.

15 Q. Next slide. On slide 158, you have claims from
16 the '836 patent?

17 A. Yes.

18 Q. Do you see slides 27, 28, and 29 contain
19 highlights?

20 A. Yes.

21 Q. What's unique about claims 27, 28, and 29 of the
22 '836 patent?

23 A. Those three claims of the '836 patent include the
24 limitation of a drive module.

25 Q. Moving to the left on the 158 slide, you have

1 claims 1 and 11 of the '536 patent that contain highlights.

2 Do you see that?

3 A. Yes.

4 Q. What's so special about claims 1 and 11 of the
5 '536 patent?

6 A. Both those claims mention a motor.

7 Q. I didn't hear that. Would you repeat it?

8 A. Both those claims mention the limitation of a
9 motor.

10 Q. Thank you. On the left-hand side of slide 158 we
11 have claims from the '379 patent, and claims 3, 4, 12, and
12 13 contain highlights. Do you see that?

13 A. Yes.

14 JUDGE MCNAMARA: Pardon me, Mr. Sharma. There is
15 an objection again from Mr. Sanders.

16 MR. SANDERS: Yes. Thank you, Your Honor. It's
17 the same objection. The '379 patent has been terminated
18 from the investigation.

19 JUDGE MCNAMARA: Mr. Rauh? I didn't call on you
20 before.

21 MR. RAUH: Thank you, Your Honor. Aaron Rauh for
22 the Staff. I agree, the '379 is out.

23 MR. SHARMA: I withdraw my question to the '379,
24 Your Honor.

25 JUDGE MCNAMARA: Okay. But you can keep going

1 with respect to the '836, of course.

2 MR. SHARMA: Yes, Your Honor.

3 JUDGE MCNAMARA: And the '536 to the extent that
4 you can.

5 MR. SHARMA: Yes.

6 Q. Next slide?

7 Slide 159, on the top, Dr. Woloszko, do you see
8 claims from the '536 patent?

9 A. Yes.

10 Q. And you have claims 4, 5, 14, 15, containing
11 highlights?

12 A. Yes.

13 Q. What's special about claims 4, 5, 14, 15 of the
14 '536 patent?

15 A. These four claims mention the limitation of
16 embedded LED in the handpiece -- in the handpiece.

17 Q. And, finally, on the bottom half of this slide,
18 159, you have claims of the '812 patent, and claims 4, 5, 17
19 contain highlights on them.

20 What is special about the claims that have been
21 highlighted from the '812 patent?

22 A. The same as before. Those three claims have a
23 limitation of using at least one embedded LED within the
24 user holdable device.

25 JUDGE MCNAMARA: Mr. Sharma, what you're saying

1 is that at least those -- the same mention is made in
2 RX-1731.2? It's the same thing at CX-0250C, without going
3 into commentary about the accuracy or not, but they are
4 mentioned in what was labeled or what's called the Full
5 Automatic RF MTS; is that correct? Is that what you're
6 getting at or saying?

7 MR. SHARMA: Your Honor, may I confer with my
8 colleagues?

9 JUDGE MCNAMARA: Yes.

10 MR. SHARMA: Yes, Your Honor. Okay. I'm not
11 asking Dr. Woloszko --

12 JUDGE MCNAMARA: I understand. I just wanted to
13 make sure that that was the correlate.

14 MR. SHARMA: Yes, Your Honor.

15 Q. Next slide, please. We're on slide 160.

16 Dr. Woloszko, we have claims 1, 11 from the '536
17 patent that have been highlighted.

18 A. Yes.

19 Q. And we also have claims 1 and 12 from the '812
20 patent that have been highlighted.

21 What's unique about these claims from the '536
22 and '812 patent?

23 A. So with claim 1 and 11 of the '536 have the
24 limitation of releasably couplable deployable needle
25 assembly --

1 (Clarification requested by the court reporter.)

2 A. -- the claim 1 and 11 from the '536 patent
3 mention releasably couplable deployable needle assembly,
4 basically a needle assembly that can be releasably and
5 couplable from the --

6 -- releasably and couplable from the device, and
7 patent '812, claim 1 and 12, both have a limitation of
8 releasably couplable needle module.

9 Q. That's all on that issue. Thank you.

10 JUDGE MCNAMARA: Thank you, Mr. Sharma.

11 MR. AIRAN: Good afternoon, Your Honor. Dave
12 Airan on behalf of Jeisys and Cynosure. I have a few final
13 questions for this witness.

14 DIRECT EXAMINATION (continued)

15 BY MR. AIRAN:

16 Q. Dr. Woloszko, have you prepared some slides
17 relating to your responses to Drs. van der Weide and
18 Goldberg?

19 A. Yes, I have.

20 Q. And if we can have slide 165, please.

21 Dr. Woloszko, did Dr. van der Weide test the
22 products at issue?

23 A. No, he did not. He only tested a small part of
24 it.

25 Q. Did he use a different power supply than those

1 for Wołoszko Innovations Consulting relate to RF
2 microneedling?"

3 You answered, "No."

4 Did I read that correctly?

5 A. That's correct, but I work in a product very
6 similar. It is not microneedling, but the technology is
7 very similar.

8 Q. Let's now turn to the '536 patent family. The
9 specification discloses that the user can adjust the
10 distance that the needles extend, right?

11 A. Say it again? Repeat the words?

12 Q. Sure. The specification discloses that the user
13 can adjust the distance that the needles extend, correct?

14 A. They said -- I believe so. Show me the wording,
15 if you don't mind, where it says that. I know they
16 mentioned a desired distance.

17 Q. Perhaps your deposition will refresh you. Let's
18 go to CX-3064 at 33, your September 15th deposition, page
19 456, 7-10.

20 A. Okay.

21 Q. And I'll ask my question again.

22 The specification discloses that the user can
23 adjust the distance that the needles extend, right?

24 A. I said so then. It is probably true.

25 Q. Okay. You agree that a user can set operational

1 parameters to select a desired extension of the needles in
2 the '536 patent, right?

3 A. Yes.

4 Q. Now let's talk about the Mehta reference. You
5 testified about Mehta today, right?

6 A. Yes.

7 Q. You understand that the Mehta reference was
8 considered by the Patent Office, right?

9 A. I believe so, yes.

10 Q. You understand that Examiners are assumed to have
11 some experience in interpreting the references before them,
12 right?

13 A. Supposedly.

14 Q. Let's take a look at one of your slides about
15 Mehta, RDX-10 at 112, is what you showed in blue on Fig. 5
16 on this slide what you believe is the motor in Mehta?

17 A. Sorry, it's number 250, which is called the
18 actuator, and later on the actuator comprises a motor, yes.
19 So 250 is part of the motor assembly. It is difficult to
20 see. Difficult to -- the motor -- the motor is probably
21 part of 250 or vice versa.

22 Q. Is what you colored in blue with the label 250
23 intended to indicate where the motor is?

24 A. It is where the motor is, yes.

25 Q. Now let's take a look at Fig. 2D in Mehta. We

1 can see it on RDX-10 at 140.

2 A. Yes.

3 Q. And in this slide is the area that's -- let me
4 actually start that again.

5 Am I correct that you would expect the LED in
6 Mehta to be in the area of item 216?

7 A. Yeah. He mentioned that the LED is, you see on
8 the distal end of the treatment unit. The distal end, as
9 Mehta mentioned, is proximal, as Mehta mentioned, so it's
10 somewhere in this area.

11 Q. And 216 is that window, right?

12 A. The window, yes, mm-hmm.

13 Q. Now let's take a look at RDX-10 at 107.

14 Is it your opinion that what's circled in green
15 on Fig. 2D on that slide is the proximal end of Mehta's user
16 holdable device?

17 A. Yep. It's -- it should have been the same
18 dimension if in the same position as the previous circle,
19 but, yes, it's the same area.

20 Q. And now let's take a look at Mehta itself, which
21 is RX-307, and specifically at 54 of the exhibit. There is
22 text right at the top of column 33, lines 1-7.

23 A. Okay. This is Mehta, okay.

24 Q. Yes, it is. And do you recall testifying in your
25 direct about this array 342?

1 A. Yes.

2 Q. That array 342 is a virtual array, right?

3 A. Yeah. This is not an image. This is not a
4 camera. This is a representation, a poor representation.

5 Q. The array 342 is not the array of needles
6 themselves, right?

7 A. That's correct.

8 Q. Now let's talk about the Na '848 reference. The
9 Na '848 publication does not mention radiofrequency,
10 correct?

11 A. It mentioned energy. I read it yesterday again.
12 I thought it did, but -- do I have a copy of it here? I
13 would like to read it.

14 Q. It was one of the references you addressed on
15 direct. It should be in your binder.

16 A. I don't know what's where. If you can help me
17 where it is.

18 JUDGE MCNAMARA: Mr. Sanders, can you help
19 Dr. Wołoszko?

20 MR. SANDERS: May I approach, Your Honor?

21 JUDGE MCNAMARA: Yes.

22 It's a long day and there are a lot of paper.

23 A. It mentions a waveform including multiple pulses.
24 He doesn't exclude RF but -- he mentioned delivering energy
25 to the needles. In an example, he said, high frequency that

1 vibrates the needles -- will vibrate the needle without any
2 kind of actuator to make the wound bigger, as Ganz
3 discloses, but it's a general -- he doesn't mention or
4 include or exclude RF.

5 Q. Just to be clear. The Na '848 publication does
6 not mention radiofrequency, correct?

7 A. No.

8 Q. The Na '848 publication does not mention
9 supplying a radiofrequency signal to needles, correct?

10 A. That's correct.

11 Q. There is no motor or other active mechanism for
12 moving the needles in the Na '848 patent, right?

13 A. I disagree. You mentioned vibrating the needles.
14 Again, if you say current, the needle vibrates, you need
15 some kind of actuator to vibrate them or it's magic.

16 Q. There's no motor or other active mechanism for
17 moving the needles into the skin and out of the skin in
18 Mehta, correct? In Na '848. I misspoke.

19 A. He said that the vibration can have -- you know,
20 it's energy assisted. The vibration can assist to penetrate
21 into the skin but does not provide any longitudinal movement
22 of the needle to penetrate the skin.

23 Q. In your view, Na '848 does not have both a needle
24 module and a needle assembly, correct?

25 A. It doesn't have a needle assembly, but it would

1 have a needle module, which is the whole device, which is
2 disposable.

3 Q. Do you recall testifying about written
4 description in your direct testimony?

5 A. Yes.

6 Q. According to the understanding you applied for
7 the purposes of reaching your opinions on written
8 description, verbatim description of the claimed subject
9 matter is required to meet the written description
10 requirement, correct?

11 A. Yes.

12 Q. The '774 patent discloses pulsed RF signals,
13 right?

14 A. Correct.

15 Q. In your view an RF generator is generic
16 machinery. Do I have that right?

17 A. I won't call it machinery, but medical generator
18 can be generic. Some of them are, some are not, but, yeah.

19 Q. In your view there's nothing inventive about
20 selecting an RF generator, correct?

21 A. I said, if you select an existing system, you
22 don't invent a new system.

23 Q. Can we take a look at RX-10 at 94, please?

24 I have the wrong one. I'll move on.

25 In your view there's nothing technologically

UNITED STATES INTERNATIONAL TRADE COMMISSION

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In the Matter of

Investigation No.

CERTAIN DERMATOLOGICAL TREATMENT

337-TA-1356

DEVICES AND COMPONENTS THEREOF

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1 A. It does, yes.

2 Q. Is it your view that a user selecting a cartridge
3 with a particular needle length would satisfy the desired
4 distance claim limitations in the Family Two patents?

5 A. This -- this, yes, this would be one -- one --
6 one embodiment that would satisfy this, this specification.
7 Doesn't mean adjustable, it means a desired distance.

8 Q. Would a motor extending a plurality of needles to
9 a predetermined distance constitute extending extendable
10 needles a desired distance as claimed in the Family Two
11 patents?

12 A. As long as you can program this distance, yes.

13 Q. Does the ability of a user to check where the
14 needles are located in the skin and then adjust needle depth
15 sufficient to meet the desired distance claim limitations in
16 the Family Two patents in your view?

17 A. It would also satisfy as long -- yes, it will
18 also satisfy the claim.

19 Q. In your view the fact that an actuator can
20 advance and retract needles necessarily means that the motor
21 controls -- let me withdraw that and start over. I
22 apologize.

23 In your view the fact that a motor can advance
24 and retract needles necessarily means that the motor
25 controls the desired distance of needle extension from an

1 end surface as recited in the Family Two patent claims?

2 A. No. It does not. Motor, the type of motor, some
3 motor --

4 Q. You're fine, Dr. Wołoszko. There's no question
5 pending.

6 A. Okay.

7 Q. Mehta discusses changing the angle of insertion
8 of a needle cartridge, right?

9 A. He also described that, yes.

10 Q. Changing the angle of insertion does not adjust
11 the distance that Mehta's needles are extended from the
12 needle assembly end surface, correct, just the angle of
13 insertion?

14 A. Yes. It would change the depth but not the
15 distance.

16 Q. Right. So it just changes the angle at which the
17 needles are fully extended, right?

18 A. Yes, so the depth of the needle. It doesn't
19 change the distance from the end surface.

20 Q. Okay.

21 MR. RAUH: I pass the witness.

22 JUDGE MCNAMARA: Thank you.

23 Is there any redirect examination?

24 MR. SHARMA: Good morning, Your Honor. Anupam
25 Sharma for the Respondents. No questions for Dr. Wołoszko.